

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|----------------|-------------------|
| FEE DETERMINATION | M.O. | 69350 | 5-17-99 |
| O.I.P.E. CLASSIFIER | | 59 | 5/21 |
| FORMALITY REVIEW | | 71435 71430 | 6/3/99 6/24/99 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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